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PTO/SB/18 (08-00)

Approved for use through 10/31/2002, OMB 0651-0032

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted With Initial Filing Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)
OR

Attorney Docket Number	713072.28
First Named Inventor	von Dyck, Peter M.
COMPLETE IF KNOWN	
Application Number	Not Yet Known
Filing Date	Herewith
Group Art Unit	Not Yet Known
Examiner Name	Not Yet Known

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought to the invention.

PAD FOR USE WITH CONTINENT OSTOMY PORT (as amended)

(Title of the Invention)

the specification of which

is attached hereto.

QB

was filed on (MM/DD/YY)

as United States Application Number or PCT International
(if applicable)

Application Number

and was amended on (MM/DD/YY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material niformatin which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application having a filing date before that of the application on which priority is claimed.					
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

[Page 1 of 4]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SENT TO: Assistant Commissioner for Patents, Box Design, Washington, DC 20231

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number
or Bar Code Label

27128

OR Correspondence address below

Name **Rebecca J. Brandau**

Address **Blackwell Sanders Peper Martin LLP**

Address **720 Olive Street, Suite 2400**

City **St. Louis**

State **Missouri**

ZIP **63101**

Country **US**

Telephone **314-345-6000**

Fax **314-345-6060**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) **Peter M.**

Family Name
Or Surname **von Dyck**

Inventor's
Signature

Date

Residence: City **Fernandina Beach**

State **FL**

Country **U.S.**

Citizenship **U.S.**

Mailing Address **2924 Eastwind Drive**

Mailing Address

City **Fernandina Beach**

State **FL**

ZIP **32034**

Country **U.S.**

NAME OF SECOND INVENTOR:

A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) **James G.**

Family Name
Or Surname **Schneider**

Inventor's
Signature

Date

Residence: City **Chesterfield**

State **MO**

Country **US**

Citizenship **US**

Mailing Address **14016 Conway Road**

Mailing Address

City **Chesterfield**

State **MO**

ZIP **63017**

Country **US**

Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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PTO/SB/04 (10-00)

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DECLARATION — UTILITY OR DESIGN PATENT APPLICATION

ADDITIONAL INVENTOR(S) SUPPLEMENTAL SHEET

Attorney Docket Number: 713072.28

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF THIRD INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name Nick		Family Name Or Surname Martino	
Inventor's Signature		Date	
Residence: City Fernandina Beach	State FL	Country US	Citizenship US
Mailing Address 23583 Bahama Point, #1528			
Mailing Address			
City Fernandina Beach	State FL	ZIP 32043	Country US
NAME OF FOURTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) John S.		Family Name Or Surname Minasi, M.D.	
Inventor's Signature		Date	
Residence: City Amelia Island	State FL	Country US	Citizenship US
Mailing Address 9557 Hildreth Lane			
Mailing Address			
City Amelia Island	State FL	ZIP 32034	Country US
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.			

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PTO/SB/04 (10-00)

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DECLARATION — UTILITY OR DESIGN PATENT APPLICATION

ADDITIONAL INVENTOR(S) SUPPLEMENTAL SHEET

Attorney Docket Number: 713072.28

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NAME OF FIFTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name Tung		Family Name Or Surname Le		
Inventor's Signature			Date	
Residence: City St. Louis		State MO	Country US	Citizenship US
Mailing Address 1041-L Vantage Court				
Mailing Address				
City St. Louis	State MO	ZIP 63125	Country US	
NAME OF SIXTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name Or Surname		
Inventor's Signature			Date	
Residence: City		State	Country	Citizenship
Mailing Address				
Mailing Address				
City	State	ZIP	Country	
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.				

[Page 4 of 4]

COMBINED DECLARATION AND POWER OF ATTORNEY
(Original, Design, National Stage of PCT
or CIP Application)

ATTORNEY'S DOCKET NO.

13072-54055

As a below named inventor I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CONTINENT OSTOMY PORT

the specification of which:

UTILITY PATENT APPLICATION

- (a) is attached hereto.
(b) _____ was filed on _____ as Application Serial No. _____
and was amended on _____ (if applicable).

PCT FILED APPLICATION ENTERING NATIONAL PHASE

- (c) _____ was described and claimed in International Application No. _____ filed _____ and as
amended on _____ (if any).

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

PRIORITY CLAIM

I hereby claim foreign priority benefits under Title 35, United States Code, §119, of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

- (d) no such applications have been filed.
(e) such applications have been filed as follows:

EARLIEST FOREIGN APPLICATION(S), IF ANY FILED WITHIN 12 MONTHS PRIOR TO SAID APPLICATION

Country	Application No.	Date of Filing	Date of Issue	Priority Claimed
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS PRIOR TO SAID APPLICATION

CONTINUATION-IN-PART

(Complete This Part Only If This Is A Continuation-In-Part Application)

I hereby claim the benefit under Title 35, United States Code, §120, of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56, which became available between the filing date of the prior application and the national or PCT international filing date of this continuation-in-part application:

Application Serial No.	Filing Date	Status (patented, pending, abandoned)

POWER OF ATTORNEY

As a named inventor, I hereby appoint the following attorney(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

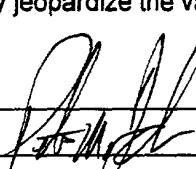
Peter S. Gilster, Reg. No. 25,337
Donald J. Fitzpatrick, Reg. No. 25,553
Rebecca J. Brandau, Reg. No. 33,654

Linda L. Lewis, Reg. No. 31,212
Caroline G. Chicoine, Reg. No. 38,198

SEND CORRESPONDENCE TO:	DIRECT TELEPHONE CALLS TO:
Rebecca J. Brandau KALISH & GILSTER INTELLECTUAL PROPERTY GROUP of Peper, Martin, Jensen, Maichel and Hetlage 720 Olive Street, 24th Floor St. Louis, Missouri 63102	(314) 421-3850

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor: Peter M. von Dyck

Inventor's Signature: 

Date: 2-24-98 ✓ Country of Citizenship: The United States of America

Residence: Fernandina Beach, Florida

Post Office Address: 2924 Eastwind Drive, Fernandina Beach, Florida 32034

2907 Pwob
2-24-98

Full name of second inventor: _____

Inventor's Signature: _____

Date: _____ Country of Citizenship: _____

Residence: _____

Post Office Address: _____